

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/541648

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	7					
2	1					
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	0					
10	0					
11	0					
12	1					
13	1					
14	2					
15	2					
16	2					
17	2					
18	2					
19	2					
20	0	0				
21	0	0				
22	0	0				
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50						
TOTAL IND.	2		↓		↓	
TOTAL DEP.	34	←		←		←
TOTAL CLAIMS	34					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						